



March 21, 2001

ENGROSSED HOUSE BILL No. 1845

DIGEST OF HB 1845 (Updated March 20, 2001 11:36 AM - DI 47)

Citations Affected: Noncode.

Synopsis: Indiana commission on excellence in health care. Creates the Indiana commission on excellence in health care to study issues related to the quality of health care provided to Indiana residents. Specifies membership requirements and meeting procedures. Requires the commission to submit a report to the governor, health finance commission, and legislative council not later than October 1, 2004. Provides evidentiary exclusions for information presented to or prepared by the commission.

Effective: Upon passage.

Brown C, Dillon

(SENATE SPONSORS — MILLER, SIMPSON, LAWSON C)

January 17, 2001, read first time and referred to Committee on Public Health.
February 14, 2001, amended, reported — Do Pass.
February 19, 2001, read second time, ordered engrossed.
February 20, 2001, engrossed. Read third time, passed. Yeas 75, nays 18.

SENATE ACTION

February 27, 2001, read first time and referred to Committee on Rules and Legislative Procedure.
March 20, 2001, amended, reported favorably — Do Pass.

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EH 1845—LS 7759/DI 98+



March 21, 2001

First Regular Session 112th General Assembly (2001)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2000 General Assembly.

ENGROSSED HOUSE BILL No. 1845

A BILL FOR AN ACT concerning health.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. [EFFECTIVE UPON PASSAGE] (a) **As used in this**
2 **SECTION, "commission" refers to the Indiana commission on**
3 **excellence in health care established by subsection (d).**

4 **(b) As used in this SECTION, "health care professional" has the**
5 **meaning set forth in IC 16-27-1-1.**

6 **(c) As used in this SECTION, "health care provider" includes**
7 **the following:**

8 **(1) A hospital or an ambulatory outpatient surgical center**
9 **licensed under IC 16-21.**

10 **(2) A hospice program (as defined in IC 16-25-1.1-4).**

11 **(3) A home health agency licensed under IC 16-27-1.**

12 **(4) A health facility licensed under IC 16-28.**

13 **(d) There is established the Indiana commission on excellence in**
14 **health care.**

15 **(e) The commission consists of the following members:**

16 **(1) Four (4) members appointed from the house of**
17 **representatives by the speaker of the house of representatives.**

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Not more than two (2) of the members appointed under this subdivision may be members of the same political party.

(2) Four (4) members appointed from the senate by the president pro tempore of the senate. Not more than two (2) of the members appointed under this subdivision may be members of the same political party.

(3) The governor or the governor's designee.

(4) The state health commissioner appointed under IC 16-19-4-2 or the commissioner's designee.

(5) One (1) member appointed by the governor who is a former dean or former faculty member of the Indiana University School of Medicine.

(6) One (1) member appointed by the governor who is a former dean or former faculty member of an Indiana school of nursing.

(7) One (1) member appointed by the governor who is a health care provider or a representative for individuals who have both a mental illness and a developmental disability.

(f) The commission shall operate under the rules of the legislative council. The commission shall meet upon the call of the chairperson.

(g) The affirmative votes of at least seven (7) voting members of the commission are required for the commission to take any action, including the approval of a final report.

(h) The speaker of the house of representatives shall appoint the chairperson of the commission during odd-numbered years beginning January 1. The president pro tempore of the senate shall appoint the chairperson of the commission during even-numbered years beginning January 1.

(i) Each member of the commission who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The member is also entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(j) Each member of the commission who is a state employee but who is not a member of the general assembly is entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and



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procedures established by the Indiana department of administration and approved by the budget agency.

(k) Each member of the commission who is a member of the general assembly is entitled to receive the same per diem, mileage, and travel allowances paid to members of the general assembly serving on interim study committees established by the legislative council.

(l) The legislative services agency shall provide staff to support the commission. The legislative services agency is not required to provide staff assistance to the subcommittees of the commission except to the extent the subcommittees require copying services.

(m) The expenses of the commission shall be paid from funds appropriated to the legislative services agency.

(n) The commission shall study the quality of health care, including mental health, and develop a comprehensive statewide strategy for improving the health care delivery system. The commission shall do the following:

- (1) Identify existing data sources that evaluate quality of health care in Indiana and collect, analyze, and evaluate this data.
- (2) Establish guidelines for data sharing and coordination.
- (3) Identify core sets of quality measures for standardized reporting by appropriate components of the health care continuum.
- (4) Recommend a framework for quality measurement and outcome reporting.
- (5) Develop quality measures that enhance and improve the ability to evaluate and improve care.
- (6) Make recommendations regarding research and development needed to advance quality measurement and reporting.
- (7) Evaluate regulatory issues relating to the pharmacy profession and recommend changes necessary to optimize patient safety.
- (8) Facilitate open discussion of a process to ensure that comparative information on health care quality is valid, reliable, comprehensive, understandable, and widely available in the public domain.
- (9) Sponsor public hearings to share information and expertise, identify best practices, and recommend methods to promote their acceptance.
- (10) Evaluate current regulatory programs to determine what



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changes, if any, need to be made to facilitate patient safety.

(11) Review public and private health care purchasing systems to determine if there are sufficient mandates and incentives to facilitate continuous improvement in patient safety.

(12) Analyze how effective existing regulatory systems are in ensuring continuous competence and knowledge of effective safety practices.

(13) Develop a framework for organizations that license, accredit, or credential health care professionals and health care providers to more quickly and effectively identify unsafe providers and professionals and to take action necessary to remove an unsafe provider or professional from practice or operation until the professional or provider has proven safe to practice or operate.

(14) Recommend procedures for development of a curriculum on patient safety and methods of incorporating the curriculum into training, licensure, and certification requirements.

(15) Develop a framework for regulatory bodies to disseminate information on patient safety to health care professionals, health care providers, and consumers through conferences, journal articles and editorials, newsletters, publications, and Internet websites.

(16) Recommend procedures to incorporate recognized patient safety considerations into practice guidelines and into standards related to the introduction and diffusion of new technologies, therapies, and drugs.

(17) Recommend a framework for development of community based collaborative initiatives for error reporting and analysis and implementation of patient safety improvements.

(18) Evaluate the role of advertising in promoting or adversely affecting patient safety.

(19) Evaluate and make recommendations regarding the need for licensure of additional persons who participate in the delivery of health care to Indiana residents.

(20) Evaluate the benefits and problems of the current disciplinary systems and make recommendations regarding alternatives and improvements.

(21) Study and make recommendations concerning the long term care system, including self-directed care plans and the regulation and reimbursement of public and private facilities

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that provide long term care.

(22) Study any other topic required by the chairperson.

(o) The commission may create subcommittees to study topics, receive testimony, and prepare reports on topics assigned by the commission. The chairperson shall select from the topics listed under subsection (n) the topics to be studied by the commission and subcommittees each year. The chairperson shall appoint persons to act as chairperson and secretary of each subcommittee. The commission shall by majority vote appoint members to each subcommittee. A member of a subcommittee, including a commission member while serving on a subcommittee, is not entitled to per diem, mileage, or travel allowances.

(p) The commission shall submit:

(1) interim reports not later than October 1, 2001, and October 1, 2002; and

(2) a final report not later than October 1, 2003;

to the governor, members of the health finance commission, and the legislative council. With the consent of the chairperson of the commission and the chairperson of the health finance commission, the commission and the health finance commission may conduct joint meetings.

(q) The findings, recommendations, evaluations, opinions, investigations, proceedings, records, reports, minutes, testimony, correspondence, work product, and actions of the commission and subcommittees shall be available to the public, but may not be introduced into evidence in any judicial or administrative proceeding against a health care professional or health care provider arising out of the matters that are the subject of the findings of the commission or a subcommittee. However, information that is otherwise discoverable or admissible from original sources is not immune from discovery or use in any proceeding merely because it was presented during proceedings of the commission or a subcommittee.

(r) A member of the commission or a subcommittee may not be examined in any judicial or administrative proceeding against a health care professional or health care provider concerning any evidence or other matters produced or presented during the proceedings of the commission or a subcommittee or concerning any findings, recommendations, evaluations, opinions, investigations, proceedings, records, reports, minutes, testimony, correspondence, work product, or other actions of the commission or a subcommittee. However, an individual who testifies before the



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1 commission or a subcommittee or who is a member of the
 2 commission or a subcommittee is not immune from testifying
 3 concerning matters within the individual's personal knowledge in
 4 a subsequent judicial or administrative proceeding merely because
 5 the individual testified before the commission or a subcommittee.

6 (s) The findings, recommendations, evaluations, opinions,
 7 investigations, proceedings, records, reports, minutes, testimony,
 8 correspondence, work product, and actions of the commission shall
 9 be used as a guide and resource and may not be construed as
 10 establishing or advocating the standard of care for health care
 11 professionals or health care providers unless subsequently enacted
 12 into law or adopted by rule.

13 (t) The findings, recommendations, evaluations, opinions,
 14 investigations, proceedings, records, reports, minutes, testimony,
 15 correspondence, work product, or actions of the commission or a
 16 subcommittee are not admissible as evidence in any way, directly
 17 or indirectly, by introduction of documents or as a basis of an
 18 expert opinion concerning the standard of care applicable to health
 19 care professionals or health care providers in any judicial or
 20 administrative proceeding unless subsequently enacted into law or
 21 adopted by rule.

22 (u) A person who testifies before the commission or a
 23 subcommittee or who is a member of the commission or a
 24 subcommittee may not specifically identify any patient, health care
 25 professional, or health care provider by name. In addition, the
 26 findings, recommendations, evaluations, opinions, investigations,
 27 proceedings, records, reports, minutes, testimony, correspondence,
 28 work product, and actions of the commission or a subcommittee
 29 may not specifically identify any patient, health care professional,
 30 or health care provider by name.

31 (v) This SECTION expires July 1, 2004.

32 SECTION 2. An emergency is declared for this act.

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COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1845, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Delete the title and insert the following:

A BILL FOR AN ACT concerning health and to make an appropriation.

Page 1, delete lines 10 through 18, begin a new line block indented and insert:

"(2) A hospice program (as defined in IC 16-25-1.1-4).

(3) A home health agency licensed under IC 16-27-1.

(4) A health facility licensed under IC 16-28.

(d) There is established the Indiana commission on excellence in health care.

(e) The commission consists of the following members:

(1) Four (4) members appointed from the house of representatives by the speaker of the house of representatives. Not more than two (2) of the members appointed under this subdivision may be members of the same political party.

(2) Four (4) members appointed from the senate by the president pro tempore of the senate. Not more than two (2) of the members appointed under this subdivision may be members of the same political party.

(3) The governor or the governor's designee.

(4) The state health commissioner appointed under IC 16-19-4-2 or the commissioner's designee.

(5) One (1) member appointed by the governor who is a former dean or former faculty member of the Indiana University School of Medicine.

(6) One (1) member appointed by the governor who is a former dean or former faculty member of an Indiana school of nursing.

(7) One (1) member appointed by the governor who is a health care provider or a representative for individuals who have both a mental illness and a developmental disability.

(f) The commission shall meet upon the call of the chairperson.

(g) The affirmative votes of at least seven (7) voting members of the commission are required for the commission to take any action, including the approval of a final report.

(h) The speaker of the house of representatives shall appoint the chairperson of the commission during odd-numbered years

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beginning January 1. The president pro tempore of the senate shall appoint the chairperson of the commission during even-numbered years beginning January 1.

(i) Each member of the commission who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The member is also entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(j) Each member of the commission who is a state employee but who is not a member of the general assembly is entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(k) Each member of the commission who is a member of the general assembly is entitled to receive the same per diem, mileage, and travel allowances paid to members of the general assembly serving on interim study committees established by the legislative council.

(l) The state department of health shall provide staff support to the commission, including preparing minutes, reports, and agendas for the commission, administering per diem, mileage, and travel payments for members of the commission who are not legislators, and reserving rooms for meetings held at state department of health facilities. The legislative services agency shall maintain a mailing list of interested parties, prepare and mail meeting notices of the commission and subcommittees, copy and distribute minutes and reports, reserve rooms for commission meetings held at the state house, and administer per diem, mileage, and travel payments for members of the commission who are legislators. The state department of health and the legislative services agency are not required to provide staff assistance to subcommittees, except that the state department shall make copies of reports and other documents produced or submitted to the subcommittee.

(m) Except for duties performed by the legislative services agency, the expenses of the commission shall be paid from funds appropriated to the state department of health.

(n) The commission shall study the quality of health care,



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including mental health, and develop a comprehensive statewide strategy for improving the health care delivery system. The commission shall do the following:

- (1) Identify existing data sources that evaluate quality of health care in Indiana and collect, analyze, and evaluate this data.
- (2) Establish guidelines for data sharing and coordination.
- (3) Identify core sets of quality measures for standardized reporting by appropriate components of the health care continuum.
- (4) Recommend a framework for quality measurement and outcome reporting.
- (5) Develop quality measures that enhance and improve the ability to evaluate and improve care.
- (6) Make recommendations regarding research and development needed to advance quality measurement and reporting.
- (7) Evaluate regulatory issues relating to the pharmacy profession and recommend changes necessary to optimize patient safety.
- (8) Facilitate open discussion of a process to ensure that comparative information on health care quality is valid, reliable, comprehensive, understandable, and widely available in the public domain.
- (9) Sponsor public hearings to share information and expertise, identify best practices, and recommend methods to promote their acceptance.
- (10) Evaluate current regulatory programs to determine what changes, if any, need to be made to facilitate patient safety.
- (11) Review public and private health care purchasing systems to determine if there are sufficient mandates and incentives to facilitate continuous improvement in patient safety.
- (12) Analyze how effective existing regulatory systems are in ensuring continuous competence and knowledge of effective safety practices.
- (13) Develop a framework for organizations that license, accredit, or credential health care professionals and health care providers to more quickly and effectively identify unsafe providers and professionals and to take action necessary to remove an unsafe provider or professional from practice or operation until the professional or provider has proven safe

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to practice or operate.

(14) Recommend procedures for development of a curriculum on patient safety and methods of incorporating the curriculum into training, licensure, and certification requirements.

(15) Develop a framework for regulatory bodies to disseminate information on patient safety to health care professionals, health care providers, and consumers through conferences, journal articles and editorials, newsletters, publications, and Internet websites.

(16) Recommend procedures to incorporate recognized patient safety considerations into practice guidelines and into standards related to the introduction and diffusion of new technologies, therapies, and drugs.

(17) Recommend a framework for development of community based collaborative initiatives for error reporting and analysis and implementation of patient safety improvements.

(18) Evaluate the role of advertising in promoting or adversely affecting patient safety.

(19) Evaluate and make recommendations regarding the need for licensure of additional persons who participate in the delivery of health care to Indiana residents.

(20) Evaluate the benefits and problems of the current disciplinary systems and make recommendations regarding alternatives and improvements.

(21) Study and make recommendations concerning the long term care system, including self-directed care plans and the regulation and reimbursement of public and private facilities that provide long term care.

(22) Study any other topic required by the chairperson.

(o) The commission may create subcommittees to study topics, receive testimony, and prepare reports on topics assigned by the commission. The chairperson shall select from the topics listed under subsection (n) the topics to be studied by the commission and subcommittees each year. The chairperson shall appoint persons to act as chairperson and secretary of each subcommittee. The commission shall by majority vote appoint members to each subcommittee. A member of a subcommittee, including a commission member while serving on a subcommittee, is not entitled to per diem, mileage, or travel allowances.

(p) The commission shall submit:

(1) interim reports not later than October 1, 2001, and

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October 1, 2002; and

(2) a final report not later than October 1, 2003;

to the governor, members of the health finance commission, and the legislative council. With the consent of the chairperson of the commission and the chairperson of the health finance commission, the commission and the health finance commission may conduct joint meetings.

(q) The findings, recommendations, evaluations, opinions, investigations, proceedings, records, reports, minutes, testimony, correspondence, work product, and actions of the commission and subcommittees shall be available to the public, but may not be introduced into evidence in any judicial or administrative proceeding against a health care professional or health care provider arising out of the matters that are the subject of the findings of the commission or a subcommittee. However, information that is otherwise discoverable or admissible from original sources is not immune from discovery or use in any proceeding merely because it was presented during proceedings of the commission or a subcommittee.

(r) A member of the commission or a subcommittee may not be examined in any judicial or administrative proceeding against a health care professional or health care provider concerning any evidence or other matters produced or presented during the proceedings of the commission or a subcommittee or concerning any findings, recommendations, evaluations, opinions, investigations, proceedings, records, reports, minutes, testimony, correspondence, work product, or other actions of the commission or a subcommittee. However, an individual who testifies before the commission or a subcommittee or who is a member of the commission or a subcommittee is not immune from testifying concerning matters within the individual's personal knowledge in a subsequent judicial or administrative proceeding merely because the individual testified before the commission or a subcommittee.

(s) The findings, recommendations, evaluations, opinions, investigations, proceedings, records, reports, minutes, testimony, correspondence, work product, and actions of the commission shall be used as a guide and resource and may not be construed as establishing or advocating the standard of care for health care professionals or health care providers unless subsequently enacted into law or adopted by rule.

(t) The findings, recommendations, evaluations, opinions, investigations, proceedings, records, reports, minutes, testimony,

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correspondence, work product, or actions of the commission or a subcommittee are not admissible as evidence in any way, directly or indirectly, by introduction of documents or as a basis of an expert opinion concerning the standard of care applicable to health care professionals or health care providers in any judicial or administrative proceeding unless subsequently enacted into law or adopted by rule.

(u) A person who testifies before the commission or a subcommittee or who is a member of the commission or a subcommittee may not specifically identify any patient, health care professional, or health care provider by name. In addition, the findings, recommendations, evaluations, opinions, investigations, proceedings, records, reports, minutes, testimony, correspondence, work product, and actions of the commission or a subcommittee may not specifically identify any patient, health care professional, or health care provider by name.

(v) In addition to any other funds appropriated to the state department of health, there is appropriated to the state department of health from the state general fund:

- (1) thirty-four thousand four hundred dollars (\$34,400) beginning July 1, 2001, and ending June 30, 2002;
- (2) thirty-four thousand four hundred dollars (\$34,400) beginning July 1, 2002, and ending June 30, 2003; and
- (3) thirty-four thousand four hundred dollars (\$34,400) beginning July 1, 2003, and ending June 30, 2004;

for personnel services and other operating expenses related to the operation of the commission.

(w) This SECTION expires July 1, 2004.

SECTION 2. An emergency is declared for this act."

Delete pages 2 through 6.

and when so amended that said bill do pass.

(Reference is to HB 1845 as introduced.)

BROWN C, Chair

Committee Vote: yeas 11, nays 1.



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COMMITTEE REPORT

Mr. President: The Senate Committee on Rules and Legislative Procedure, to which was referred House Bill No. 1845, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Delete the title and insert "A BILL FOR AN ACT concerning health."

Page 2, line 19, after "(f)", insert "**The commission shall operate under the rules of the legislative council.**".

Page 3, delete lines 6 through 23, begin a new paragraph and insert the following:

"(l) The legislative services agency shall provide staff to support the commission. The legislative services agency is not required to provide staff assistance to the subcommittees of the commission except to the extent the subcommittees require copying services.

(m) The expenses of the commission shall be paid from funds appropriated to the legislative services agency."

Page 6, delete lines 41 through 42.

Page 7, delete lines 1 through 9.

Page 7, line 10, delete "(w)" and insert "(v)".

and when so amended that said bill do pass.

(Reference is to HB 1845 as printed February 15, 2001.)

GARTON, Chairperson

Committee Vote: Yeas 6, Nays 1.

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